

(1) PLACE OF BIRTH

County of Lee

Township of

Inc. Town of Bishopville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

11860

Registration District No. 3.3.0Registered No. 12
(For use of Local Registrar)

St.; Ward)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Witherspoon (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Yes (7) DATE OF BIRTH Feb. 9, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER. (8) FULL NAME Carl A. Witherspoon (14) NAME BEFORE MARRIAGE Anna Ella Smith(9) PRESENT POSTOFFICE OF FATHER Bishopville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Bishopville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year) (Year)(12) BIRTHPLACE Darlington, Co. S.C. (18) BIRTHPLACE Allen, S.C.(13) OCCUPATION J.M. Co. Work. (19) OCCUPATION Housekeeper(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 4 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) A.B. Jones (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 1922 (28) Miss M. J. Laney Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.